Image# 10991067382 08/49/20/10 11:04

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation				
AMERICAN FEDERATION OF STATE COUNTY AN				
(b) Address (number and street)	rted			
(c) City, State and ZIP Code	2 55011 25 25 11			
WASHINGTON DC 2003				
2. Corporate filers only  Is the filer a qualified nonprofit corporation?	☐ Yes ☐ No			
Individual filers only Name of Employer	Occupation			
4. TYPE OF REPORT (check appropriate boxes):				
(a) April 15 Quarterly Report	Hour Notice 🔀 48-Hour Notice			
☐ July 15 Quarterly Report				
October Quarterly Report				
January 31 Year-End Report				
(b) Is this Report an amendment? Yes \( \subseteq \text{No } \overline{X} \)				
5. COVERING PERIOD: FROM 08 / DD 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
THROUGH				
M M J D D / Y Y 2	010			
6. TOTAL CONTRIBUTIONS	.00			
7. TOTAL INDEPENDENT EXPENDITURES	31448.77			
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE DATE			
STEPHEN GRAHAM	08/18/2010			
NOTE: Submission of false, erroneous or incomplete information may subj	ect the person signing this report to the penalties of 2 U.S.C 437g.			

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

ME OF FILER (In Full) MERICAN FEDERATION OF STATE C	COUNTY AN		
Full Name (Last, First, Middle Initial) of Payee MISSION CONTROL, INC.			Date
Mailing Address 114 A MANSFIELD HOLLOW ROAD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MANSFIELD CENTER	State CT	Zip Code 06250	5000.00
Purpose of Expenditure WEBSITE AD DEVELOPMENT		Category/ Type	Office Sought: X House State: OH House Senate Service 16
Name of Federal Candidate Supported or Opp JAMES B RENACCI	posed by Expenditure:	•	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		807897.54	Disbursement For: 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee MISSION CONTROL, INC.			Date    Date   D D
Mailing Address 114 A MANSFIELD HOLLOW ROAD			Amount
City MANSFIELD CENTER	State CT	Zip Code 06250	17160.60
Purpose of Expenditure MAILER DEBORAH		Category/ Type	Office Sought: X House State: OH House Senate Senate 16
Name of Federal Candidate Supported or Opp JAMES B RENACCI	posed by Expenditure:		Check One: District: 16    Check One: Support   X Oppose
Calendar Year-To-Date Per Election for Office Sought		807897.54	Disbursement For: 2010  Other (specify)
Full Name (Last, First, Middle Initial) of Payee U.S. POSTMASTER			Date M M / D D / Y Y Y Y
Mailing Address 1915 14TH STREET NW			Mount 2 0 1 0
City WASHINGTON	State DC	Zip Code 20009	9288.17
Purpose of Expenditure MAILER DEBORAH		Category/ Type	Office Sought: X House State: OH House Senate District: 16
Name of Federal Candidate Supported or Opp JAMES B RENACCI	posed by Expenditure:	•	President Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		807897.54	Disbursement For: 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expe	enditures		31448.77
(b) SUBTOTALof Unitemized Independent Ex	kpenditures		
(c) TOTAL Independent Expenditures(carry total from last page forward			31448.77